Prescription Drug and Heroin Abuse in Fairfax County:

Recent Trends and Strategies for Prevention

A Report to the Fairfax County Board of Supervisors

December 2014

Executive Summary

News reports in 2014 have highlighted a significant increase in prescription drug abuse, particularly opioid painkillers, leading to an alarming increase in the use of heroin and heroin-related arrests, overdoses, and deaths. Tragically, this national problem has not evaded the Commonwealth of Virginia and Fairfax County, and it demands community attention on prescription drug and heroin abuse as well as development of awareness, prevention and treatment strategies to limit its impacts.

According to the federal Centers for Disease Control and Prevention (CDC), the death rate from heroin overdoses has doubled nationally in the past two years, to 2.1 deaths per 100,000 persons annually. Virginia and Fairfax County have seen similar increases, especially among young adult males.

At the September 23, 2014, meeting of the Fairfax County Board of Supervisors, the Board directed County staff to report on the prevalence of and trends regarding heroin use in the county, and the steps being taken to prevent heroin use and overdoses. This report includes national, state, and local data on prescription drug and heroin which clearly supports the government's declaration of a prescription drug and heroin epidemic.

A Fairfax County Prescription Drug and Heroin Abuse Prevention Strategic Action Plan is in development. The plan's framework includes five strategic areas: education and awareness; prescription drug storage, disposal, and monitoring; treatment; enforcement; and data and monitoring. Potential strategies and linkages with existing and concurrent efforts are highlighted, as are current efforts in Fairfax County.

The following are the next steps in the development of a final strategic plan:

1. Identify and engage stakeholders in the development of a strategic action plan.
2. Continue to convene stakeholders in a committee format to select strategies and develop an action plan that reflects community feedback and includes leads for each strategy and how they will coordinate across strategies.
3. Coordinate the planning effort with that of the Governor's Task Force to reduce duplicative efforts and take advantage of available resources.
4. Explore opportunities for alternative funding strategies.
5. When feasible, begin implementation of strategies that do not require additional resources or approvals.

Staff recommends the following to the Board of Supervisors:

1. Direct staff to present the plan, with a request for funding and policy changes, to the Board at an upcoming Human Services Committee meeting.
2. Ensure opportunities exist to include strategies in the next year's legislative program.
3. Direct staff to include funding for an expanded drug take-back program in the FY16 budget.

The finalized strategic action plan will include additional, detailed recommendations to the Board related to funding and policy decisions necessary to fully implement the plan.

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Introduction

News reports in 2014 have highlighted a significant increase in prescription drug abuse, particularly opioid painkillers, leading to an alarming increase in the use of heroin and heroin-related arrests, overdoses, and deaths[1]. Tragically, this national problem has not evaded the Commonwealth of Virginia and Fairfax County, and it demands community attention on prescription drug and heroin abuse as well as development of awareness, prevention and treatment strategies to limit its impacts.

According to the federal Centers for Disease Control and Prevention (CDC), the death rate from heroin overdoses has doubled nationally in the past two years, to 2.1 deaths per 100,000 persons annually.[2] According to the CDC, on average 46 people die each day from opioid painkiller overdoses and another 1,150 more arrive in emergency rooms.[3] According to public health expert, Dr. Sanjay Gupta, "accidental prescription drug overdose is now the leading cause of acute preventable death for Americans. Someone dies in this manner every 19 minutes. That is more deaths than from car accidents."[4]

Even more alarming to law enforcement, medical personnel and public health practitioners is a direct connection to increased use of and death from heroin. Anecdotal evidence suggests that heroin is cheaper, often one-tenth the price of an equivalent dose of opioid painkillers, more readily available, more potent and in some cases opioids are now being reformulated by manufacturers to make them more tamper proof for illicit use. In addition to the surprising spike in heroin abuse and deaths, the current scourge appears to present a new "face" for users – with new initiates being slightly older, Caucasian, and from suburban and non-urban areas.[5]

We cannot "arrest" our way out of the dramatic increased use and abuse of prescription drugs and heroin – demanding instead a more comprehensive, cross-cutting set of solutions. A number of states have begun to address the issue of prescription drug and heroin abuse together focusing on citizen awareness, prevention, treatment, storage and disposal and enforcement solutions in an integrated, strategic manner.

On September 26, 2014, Virginia Governor McAuliffe signed Executive Order 29 establishing the Commonwealth's Task Force on Prescription Drug and Heroin Abuse. Led by Virginia Secretary of Public Safety and Homeland Security Moran and Virginia Secretary of Health and Human Resources Hazel, the task force will create strategies for implementation state-wide – with draft recommendations developed by December 31, 2014, and final recommendations by June 30, 2015.

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[1] See, for example: http://www.fairfaxtimes.com/article/20141009/NEWS/141009156&template=fairfaxTimes, http://www.fairfaxtimes.com/article/20140905/OPINION/140909386&template=fairfaxTimes, http://www.fairfaxtimes.com/article/20140214/OPINION/140219438&template=fairfaxTimes, http://www.fairfaxtimes.com/article/20140214/NEWS/140219433&template=fairfaxTimes, http://www.wjla.com/articles/2014/11/hooked-on-heroin-why-it-s-deadlier-than-ever-in-the-d-c-suburbs-108987.html http://www.washingtonpost.com/local/fairfax-mother-of-young-heroin-addict-there-were-clues-but-we-had-no-clue/2014/04/22/ab66b03c-b06b-11e3-9627-c65021d6d572_story.html, http://www.washingtonpost.com/local/surge-in-heroin-deaths-prompts-call-for-action-in-virginia/2014/09/08/48b5b2c6-3784-11e4-8601-97ba88884ffd_story.html?wprss=rss_local, and http://www.wjla.com/articles/2013/11/heroin-deaths-in-virginia-spike-in-2013-96635.html.

[2] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6339a1.htm?s_cid=mm6339a1_w

[3] http://www.cdc.gov/vitalsigns/opioid-prescribing

[4] http://www.cnn.com/2014/08/29/health/gupta-unintended-consequences/

[5] Bridget M. Kuehn, *JAMA*. 2014;312(2):118-119. doi:10.1001/jama.2014.7404.

At the September 23, 2014, meeting of the Fairfax County Board of Supervisors, the Board directed County staff to report on the prevalence of and trends regarding heroin use in the county, and the steps being taken to prevent heroin use and overdoses (see Appendix A). This report includes local, state, and national data on heroin and the outline of a local strategic plan for prevention.

Background: What Are Opioids and How Are They Connected to Heroin Use?

Opioids are a class of drugs that have a long history of use as painkillers. Introduced in the late 1980s and early 1990s as a drug for relief of intensive cancer treatment or post-operative pain, their use has been expanded to treat multiple pain issues today, from back pain, to fibromyalgia, to wisdom tooth extraction. Last year, according to the CDC, over 259 million prescriptions for opioid painkillers were written in the United States – enough for every American adult to have a prescription bottle. With five percent of the world's population, the US consumes eighty percent of the world's opioid prescriptions. Among the more commonly prescribed opioids are hydrocodone, oxycodone, morphine, fentanyl, buprenorphine and codeine. Heroin, an illegal drug, is also an opioid. Opioids, a semi-synthetic form of heroin, can be highly addictive, increasing the potential for misuse and negative health consequences. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), "In 2012 and 2013, almost 55% of people who misused prescription painkillers got them from a friend or relative for free, and approximately 20% got them from a doctor. As people use opioids repeatedly, their tolerance increases and they may not be able to maintain the source for the drugs. This can cause them to turn to the black market for these drugs and even switch from prescription drugs to cheaper and more risky substitutes like heroin."[6]

Because of the similarities among opioids, their potential for misuse, addiction, and overdose, it is important to not focus solely on heroin and the prevalence and impact of just heroin use alone. With four out of five heroin users reporting prior abuse of opioid painkillers, a comprehensive approach to addressing issues surrounding both heroin and prescription painkillers abuse and overuse is necessary. Recent changes in the formulation of some opioids by manufacturers to make them more tamper proof may be contributing to an unintended consequence of a switch to heroin. In addition, steps to monitor the prescriptions of opioid pain relievers through state Prescription Monitoring Programs (PMP) may be also driving a shift to unmonitored heroin. Therefore, the prevention strategies included in this report will address opioids in general, to include both heroin and prescription painkillers.

Data

National and State Trends

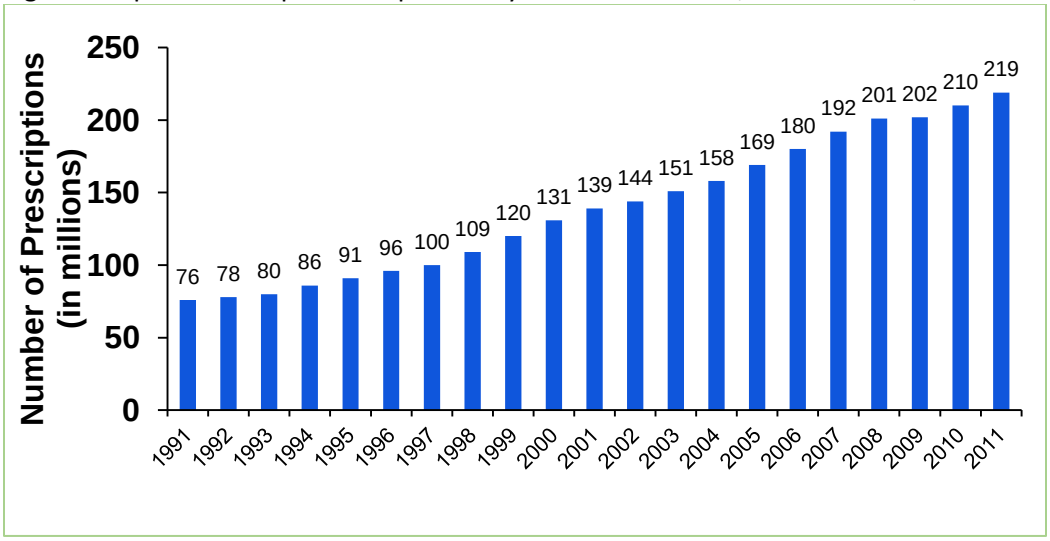
For multiple reasons, there is no single measure, or small number of measures, that can adequately provide a clear and comprehensive overview of the prevalence and impact of opioid abuse. Complications due to the nature of medical coding, self-reporting, relatively small raw numbers at the local level, and the variety of types and names of opioid drugs all contribute to data difficulties. Furthermore, the interrelatedness of heroin and prescription drug abuse also clouds the picture.

[6] http://www.samhsa.gov/atod/opioids

Reliance on heroin or prescription opioids can fluctuate as the availability and cost of each rise and fall. At present, heroin use appears to be on the rise, and while prescription drug abuse is not increasing at the same rate, it is still more prevalent than heroin use. Likewise, there has been a shift in the demographics of heroin use, as younger and more affluent populations are using the drug more often. While heroin use among teens is low, a rise in overdose incidents and the overall trend toward younger users is a cause for concern.

As indicated in Figure 1, prescriptions for opioid painkillers have approximately tripled in the past twenty years, increasing the use and availability of such drugs. Additional CDC data indicate the number continues to rise, reaching 259 million prescriptions in 2013. Nationally, as shown in Figure 2, abusers of painkillers report receiving the drugs primarily through doctors, whether directly or indirectly; it is clear that the increased medical use of opioids contributes to their availability for non-medical purposes. In some cases, drugs are taken or stolen from the medicine cabinets of family members, neighbors, and friends. Doctors have been known to "overprescribe," providing opioids when they may not be needed or providing more doses than necessary. Some doctors are known as being willing to prescribe opioids for most patients complaining of back pain, inviting fraudulent patients to request the drugs. These scenarios, and others, combine to create a glut of drugs available in communities. Prevention efforts to address this issue should focus on the practices of doctors and pharmacists, but also on the education of individuals and families about proper drug storage and disposal and about the dangers of sharing drugs.

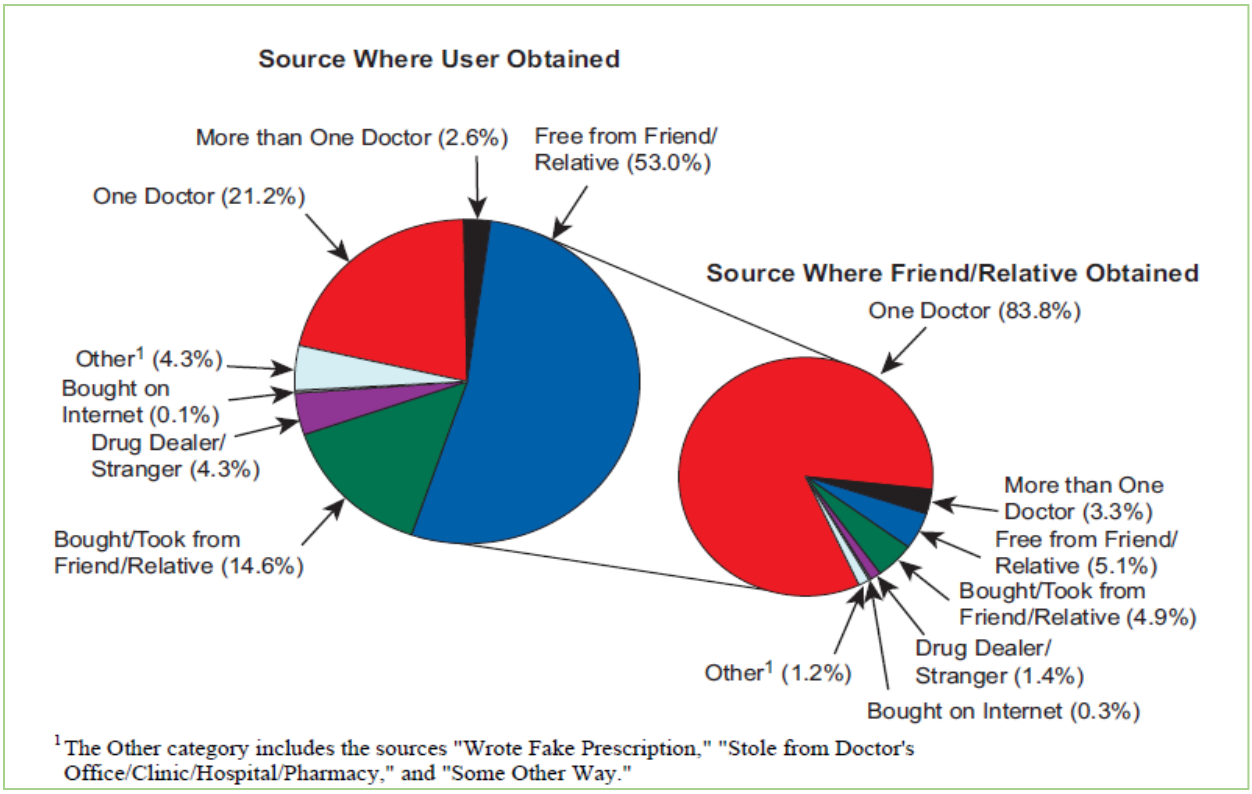
Figure 1. Opioid Prescriptions Dispensed by Retail Pharmacies, United States, 1991-2011.



Source: CDC

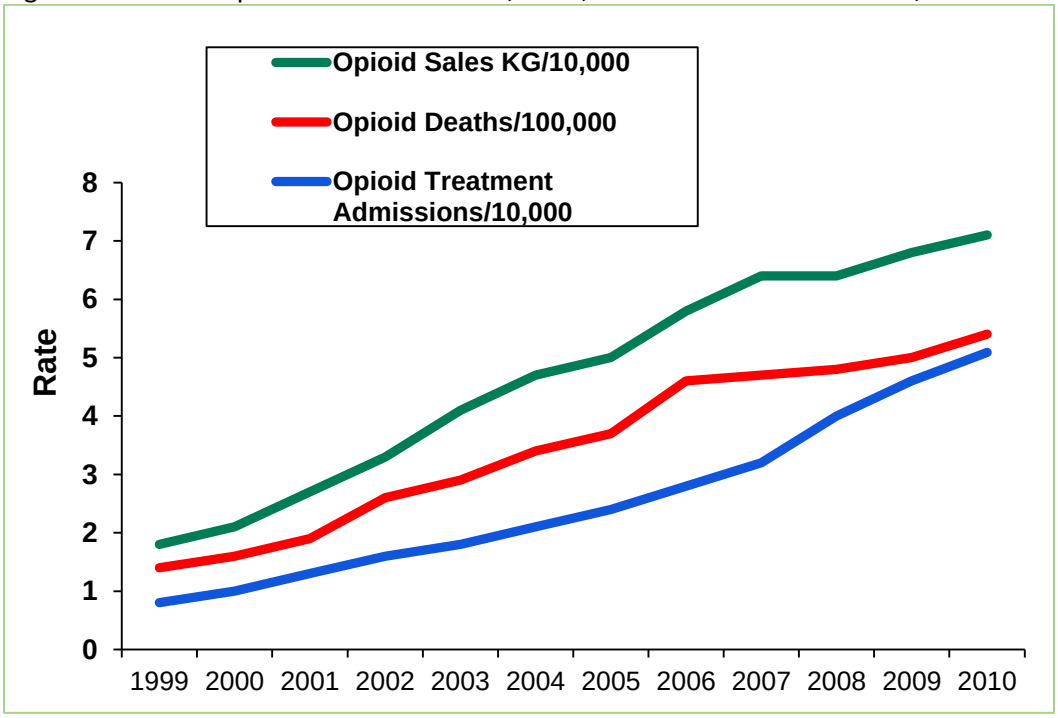
Availability of a drug is a well-known risk factor for abuse. Not surprisingly, the rates of opioid overdose deaths and treatment admissions have tracked the rise in sales, increasing at similar rates, as illustrated in Figure 3.

Figure 2. Sources of Pain Relievers for Nonmedical Use among Past Year Users Aged 12 or Older United States, 2012.



Source: National Survey on Drug Use and Health

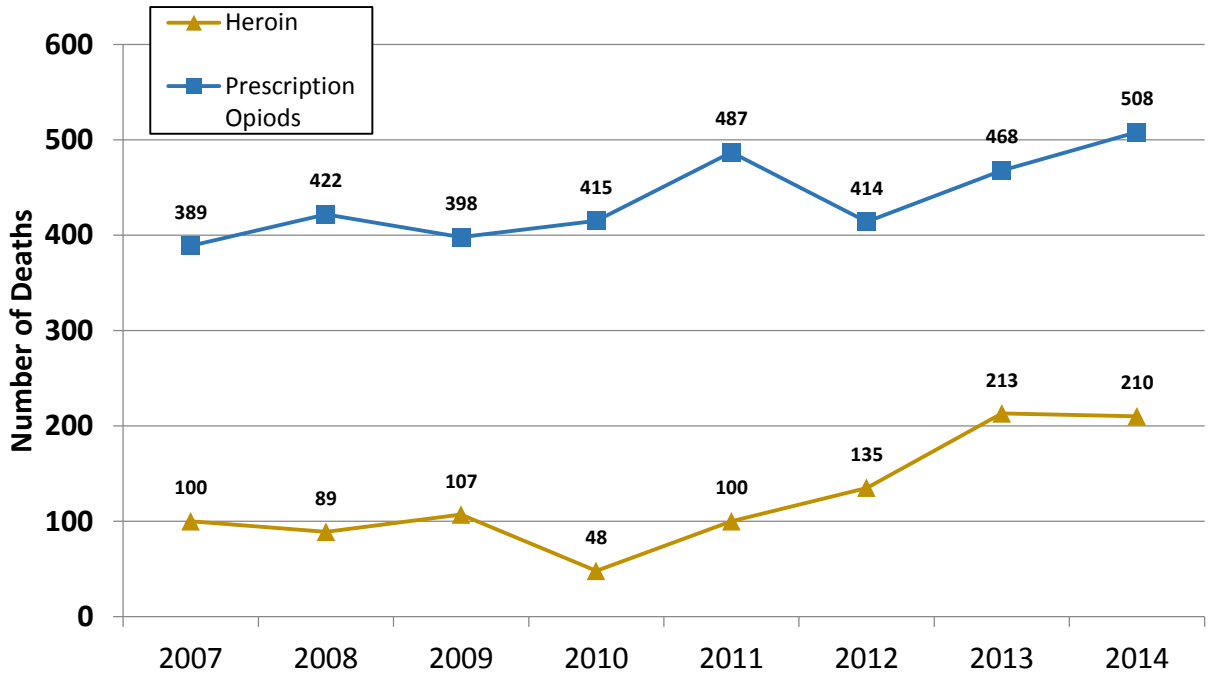
Figure 3. Rates of Opioid Overdose Deaths, Sales, and Treatment Admissions, United States, 1999–2010.



Source: CDC

Not surprisingly, the number and rate of deaths locally has increased, as well. As illustrated in Figure 4, just since 2012, opioid-related deaths increased 23 percent and heroin-related deaths increased 55 percent. According to the Virginia Office of the Chief Medical Examiner, in Northern Virginia, heroin-related deaths increased 164 percent between 2011 and 2013. Figure 5 provides a demographic breakdown of those deaths across the state. The populations with highest rates of heroin overdose are males, non-Hispanic Whites, and those between 25-34 years of age; this contradicts previous stereotypes of heroin users as older.

Figure 4. Number of Deaths by Drug Type, Virginia, 2007-2013.



[1] Heroin and prescription drug deaths are tallied separately. Where heroin and prescription opioids caused or contributed to death, decedents will be counted twice.
[2] Prescription opioid deaths are drug/poison deaths where one or more prescription opioids caused or contributed to death.

Source: Virginia Department of Health, Office of the Chief Medical Examiner

Figure 5. Demographic Profile of Fatal Heroin Overdoses in Virginia, 2011-2014.

Demographic Profile of Fatal Heroin Overdoses in Virginia, 2011-2014*				
	2011	2012	2013	2014*
	n=101	n=135	n=213	n=62
	Count (%)	Count (%)	Count (%)	Count (%)
Gender				
Female	25 (24.8)	25 (18.5)	48 (22.5)	13 (21.0)
Male	76 (75.2)	110 (81.5)	165 (77.5)	49 (79.0)
Age Group (years)				
15-19	2 (2.0)	3 (2.2)	4 (1.9)	2 (3.2)
20-24	11 (10.9)	11 (8.1)	22 (10.3)	6 (9.7)
25-34	37 (36.6)	43 (31.9)	76 (35.7)	19 (30.6)
35-44	26 (25.7)	29 (21.5)	57 (26.8)	18 (29.0)
45-54	17 (16.8)	30 (22.2)	37 (17.4)	11 (17.7)
55-64	8 (7.9)	18 (13.3)	13 (6.1)	5 (8.1)
65-74	-	1 (0.7)	4 (1.9)	-
75-84	-	-	-	1 (1.6)
Race/Ethnicity				
Asian	2 (2.0)	-	-	-
Black	16 (15.8)	38 (28.1)	30 (14.1)	12 (19.4)
Hispanic	-	3 (2.2)	3 (1.4)	1 (1.6)
White	82 (81.2)	93 (68.9)	180 (64.5)	48 (77.4)
Other	1 (1.0)	1 (0.7)	-	1 (1.6)
*The numbers for 2014 are current as of July 11, 2014				

Source: Office of the Chief Medical Examiner, Virginia Department of Health

Fairfax County Data

As shown in Figures 6, 7, and 8, the rates of drug overdoses and fatalities in Fairfax County are lower than many of its neighboring jurisdictions and the state level; however, due to Fairfax's large population, the number of cases reported is greater in Fairfax County. Appendix B shows the rates of drug overdose visits to the Emergency Department in all Virginia jurisdictions from 2012 through 2014.

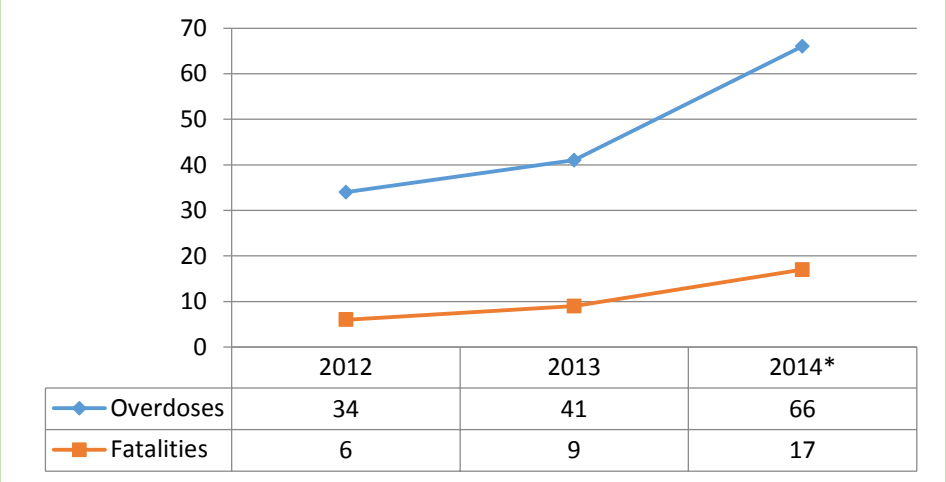
Figure 6. Number and Rate of Fatal Heroin Overdoses, Virginia and Select Virginia Jurisdictions, 2011-2014.

	2011		2012		2013		2014*	
	Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000
Fairfax County	9	0.82	10	0.89	10	ND	4	ND
Alexandria City	-	-	3	2.05	-	-	1	ND
Arlington	-	-	1	0.45	2	ND	2	ND
Fauquier County	-	-	2	3.01	-	-	1	ND
Fredericksburg City	-	-	-	-	3	ND	-	-
Loudoun County	-	-	4	1.19	5	ND	3	ND
Manassas	1	2.54	3	7.39	-	-	-	-
Prince William County	4	0.95	4	0.93	9	ND	4	ND
Spotsylvania County	1	0.80	4	3.18	9	ND	1	ND
Stafford County	-	-	-	-	9	ND	1	ND
VIRGINIA TOTAL	**101**	**1.25**	**135**	**1.65**	**213**	**-**	**62**	**-**

*The numbers for 2014 are current as of July 11, 2014
ND indicates that no population data has been release for that year and therefore rates cannot be calculated

Source: Fairfax County Police Department

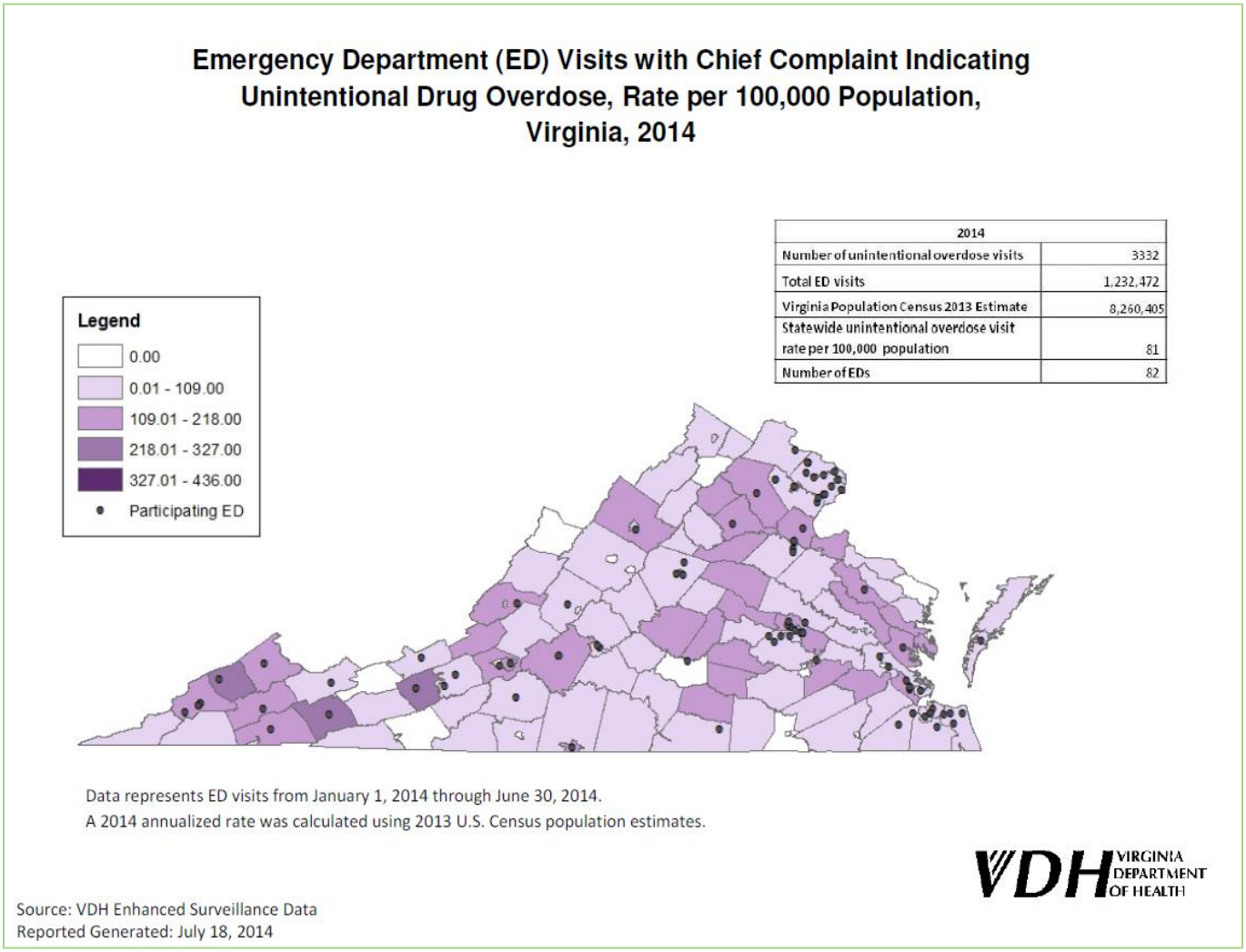
Figure 7. Heroin Overdoses and Fatalities, Fairfax County, 2012-2014.



*2014 data is through November.
Source: Fairfax County Police Department

The Fairfax County Fire and Rescue Department has also tracked a rapid increase in heroin overdoses in the past several years, as shown in Appendix C. Between September 1, 2011 and August 31, 2014, a total of 291 patient contacts were identified as being related to heroin use. Consistent with national and state-level data, the number of males treated was twice the number of females treated for suspected heroin overdose, and the average age of patients with a suspected overdose was 30.9 years. No geographic region of the county appears to be immune, as overdoses affect almost every magisterial district at about the same rate.

Figure 8. Emergency Department Visits with Chief Complaint Indicating Unintentional Drug Overdose, Rate per 100,000 Population, Virginia, 2014.



Source: Virginia Department of Health

Local hospital data obtained for this report (Figure 9), while not inclusive of all hospitals in Fairfax County, supports the trends seen elsewhere. Hospitals in Fairfax County included in this report served 1,099 patients with some form of opioid usage between January 2013 to September 2014. Of these patients, about half were in the 20-29 age range and nearly two-thirds were males.

The process for obtaining this data demonstrates the significant limitations that exist when trying to quantify the number of patients who have been treated for opioid usage and heroin use/abuse in particular. Limitations include the complexity of drug use (as single drug use is not always seen in isolation) and the ambiguity in electronic medical records coding, among others issues. In the de-identified hospitalization data acquired below (obtained through claims information and Electronic Health Records), cases were more commonly categorized as opioid abuse/usage, but they also include a small number of cases identified specifically with heroin abuse/usage. Data gathered by hospitals and clinics may include lifetime and current drug use, making it difficult to track incidence rates. Still, the data available today can provide a picture of the prevalence rates of drug use within the county. To

obtain improved data, the hospital system would require a more specific coding system (ICD-10) and more uniformly documented heroin usage in the Electronic Health Records (HER).

Figure 9. Patients Served at Hospitals with Associated Opioid or Heroin Use, Fairfax County, 2013-14.

Age Group	Percent (and Number) of Unique Patients Treated in Hospitals for Opioid Use By Age Group
10 – 19	5.6% (62)
20 – 29	44.5% (489)
30 – 39	17.3% (190)
40 – 49	13.3% (146)
50 – 59	13.4% (147)
60 – 69	5.1% (56)
70 – 79	0.6% (7)
80 – 89	0.2% (2)
Total	1,099 patients treated

Gender	
Male	61.6% (677)
Female	38.4% (422)

The proportion of behavioral health treatment clients reporting heroin or opiate use who served by the Fairfax-Falls Church Community Services Board (CSB) has also increased over the past five years, as shown in Figure 10. Between 2011 and 2014, there was a 22 percent increase in reported use of *any* opiate (to include heroin, non-prescription methadone, prescription opiates). From 2011 to 2014, reported opiate/synthetic use reported by individual served by the CSB increased 19 percent and from 2009 to 2014, opiate/synthetic use reported by individuals served by the CSB increased 34%. In terms of heroin as the only opiate used as reported by individuals served by the CSB, the number increased 18% from 2011 to 2014 (though there was a decrease in the 2011 data). As shown in Figure 11, the Fairfax County Health Department's Community Health Care Network clinics are currently serving 25 patients with reported drug usage (including opioid, other drug use, or mixed drug use), of critical concern because of these clients' potential lack of access to other health care services and supports.

Figure 10. Fairfax-Falls Church Community Services Board Clients with Reported Heroin/Opioid Use, Fairfax County, FY2009-FY2014.

Comparison of Heroin/Opiate Use	**FY 2009**	**FY 2011**	**FY 2014**
Total # Consumers in CCS Extract	22,825	20,111	19,001
# Consumers reporting use of Alcohol or Any Drug	9,424	8,462	8,057
# Consumers reporting Heroin Use	651	543	643
# Consumers reporting Non-prescription Methadone Use	37	28	25
# Consumers reporting Other Opiates/Synthetics Use	617	693	825
Unduplicated Count of Consumers reporting use of Heroin, Non-prescription Methadone, and/or Other Opiates	1,130	1,067	1,299
% of alcohol/drug population reporting Heroin/Opiate Use	12.0%	12.6%	16.1%
% of total population reporting Heroin/Opiate use	5.0%	5.3%	6.8%

Source: Fairfax-Falls Church Community Services Board.

Figure 11. Patients Served at Community Health Care Network Clinics with Associated Drug Use, Fairfax County, 2013-2014.

2013- 2014 (As of November 2014)	Number of Patients
Patients diagnosed with unspecified opioid dependence, unspecified abuse	3 patients diagnosed 5 clinic visits
Patients diagnosed with other, mixed, or unspecified nondependent drug use, continuous	1 patient diagnosed 2 clinic visits
Patients diagnosed with other, mixed, or unspecified nondependent drug use, unspecified	21 patients diagnosed 39 clinic visits
Total number of Patients Diagnosed Total number of clinic visits	25 patients 46 clinic visits

* NOTE: All the patients seen in 2014 were also seen in 2013, and so these number represent unique patients.

Source: Fairfax County Health Department

While heroin and opioid use is heaviest among young adults, it does also exist among youth. Monitoring youth trends and incorporating prevention strategies with children, youth, and families is incredibly important to preventing further problems at all age levels. According to results from the 2013-2014 Fairfax County Youth Survey, 9.1 percent of eighth, tenth, and twelfth grade students reported having ever using painkillers without a doctor's order, while 0.9 percent reported ever using heroin. In the past 30 days, 3.6 percent of students reported using painkillers without a doctor's order, while 0.4 percent reported using heroin (near the national rate of 0.3 percent). Figures 12, 13, and 14 detail students' substance use patterns.

Figure 12. Lifetime Use of Substances among 8th, 10th, and 12th Grade Students, Fairfax County, 2013-2014 School Year.

Table 5. Percentage of Students Reporting Use of Selected Substances in Their Lifetime, by Selected Demographic Characteristics, Fairfax County, 2013

Substance	Overall	Grade			Gender		Race/Ethnicity[a]				
		8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple
Alcohol	41.1	20.6	40.7	62.9	41.5	40.7	43.6	36.3	50.8	29.3	43.1
Marijuana	21.0	5.3	20.0	38.3	18.7	23.3	21.4	23.9	28.0	11.5	24.1
Cigarettes	17.5	7.8	16.0	29.1	16.2	18.8	15.4	18.4	27.1	11.6	20.0
Painkillers without a doctor's order	9.1	5.3	9.1	13.0	9.3	8.9	9.7	8.2	10.3	6.0	12.4
Prescription drugs other than painkillers without a doctor's order	7.3	3.0	6.9	12.2	7.4	7.2	8.5	5.7	7.8	4.5	9.4
Inhalants	6.4	8.2	6.4	4.7	6.7	6.0	5.2	7.4	9.9	4.5	9.1
Over-the-counter drugs to get high	3.9	1.7	4.1	6.0	3.6	4.2	3.9	3.4	6.1	1.5	5.7
LSD or other hallucinogens	4.1	1.3	4.0	7.2	3.2	5.1	4.5	3.4	5.0	2.2	5.8
Ecstasy	2.8	0.8	2.6	4.9	2.2	3.3	2.9	2.5	3.2	1.6	4.4
Cocaine or crack	2.1	1.3	2.0	3.1	1.7	2.5	1.9	2.1	3.4	0.9	3.4
Methamphetamine	1.3	0.9	1.5	1.5	1.1	1.5	1.1	1.6	1.7	1.0	2.4
Steroids	0.9	0.8	1.0	1.0	0.8	1.1	1.0	0.9	1.1	0.6	1.5
Heroin	0.9	0.5	1.1	1.0	0.7	1.0	0.7	1.0	1.2	0.5	1.6

Note. All percentages were calculated from valid cases (missing responses were not included).
[a]Racial categories do not include Hispanic students who are treated as a separate category in this table.

Source: Fairfax County Youth Survey

Figure 13. Current (Past 30-Day) Use of Substances among 8th, 10th, and 12th Grade Students, Fairfax County, 2013-2014 School Year.

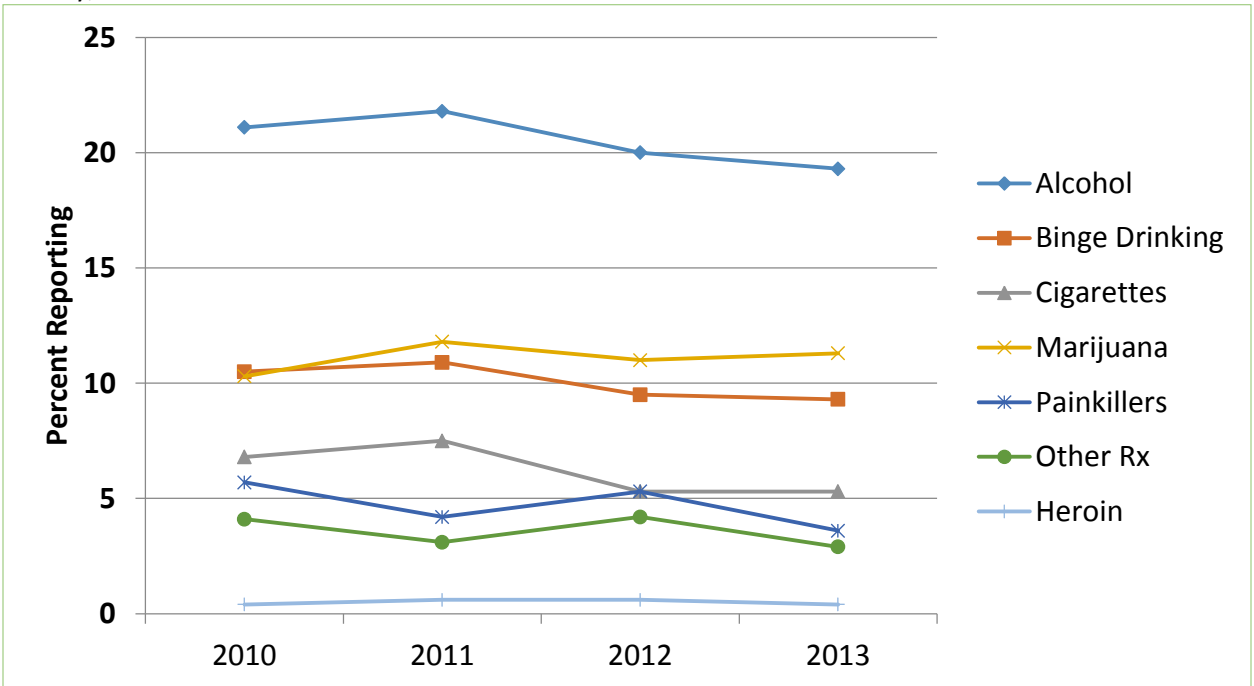
Table 6. Percentage of Students Reporting Use of Selected Substances in the Past Month, by Selected Demographic Characteristics, Fairfax County, 2013

Substance	Overall	Grade			Gender		Race/Ethnicity[a]				
		8th	10th	12th	Female	Male	White	Black	Hispanic	Asian	Other/ Multiple
Alcohol	19.3	5.0	17.5	36.2	19.8	18.8	23.4	14.8	22.1	10.5	20.2
Binge Drinking[b]	9.3	1.8	7.6	18.9	8.5	10.1	11.4	6.4	11.3	4.5	9.8
Marijuana	11.3	2.8	10.9	20.7	9.4	13.3	12.0	13.6	14.4	5.4	13.5
Cigarettes	5.3	1.7	4.2	10.1	4.9	5.7	5.3	4.5	7.7	3.1	6.5
Painkillers without a doctor's order	3.6	2.3	4.1	4.3	3.6	3.5	3.7	3.8	4.1	2.2	4.8
Prescription drugs other than painkillers without a doctor's order	2.9	1.2	2.7	4.8	2.8	2.9	3.2	2.9	3.0	1.7	3.9
Inhalants	1.5	2.1	1.5	0.9	1.6	1.4	1.2	2.3	2.4	0.7	2.4
Over-the-counter drugs to get high	1.2	0.7	1.4	1.5	1.1	1.2	1.2	1.4	1.6	0.5	1.6
LSD or other hallucinogens	1.4	0.6	1.5	2.1	0.9	1.8	1.4	1.5	1.7	0.8	2.0
Ecstasy	0.9	0.4	0.9	1.3	0.6	1.1	0.8	1.1	1.1	0.5	1.5
Cocaine or crack	0.7	0.5	0.7	0.9	0.5	0.9	0.6	0.9	1.0	0.3	1.4
Methamphetamine	0.6	0.4	0.7	0.6	0.5	0.6	0.5	0.8	0.6	0.5	1.2
Steroids	0.3	0.3	0.4	0.3	0.2	0.4	0.3	0.3	0.3	0.2	0.7
Heroin	0.4	0.2	0.5	0.4	0.2	0.5	0.4	0.4	0.3	0.2	0.7

Note. All percentages were calculated from valid cases (missing responses were not included).
[a]Racial categories do not include Hispanic students who are treated as a separate category in this table. [b] Binge drinking was defined as having consumed five or more alcoholic drinks in a row within the past two weeks.

Source: Fairfax County Youth Survey

Figure 14. Current (Past 30-Day) Use of Substances among 8th, 10th, and 12th Grade Students, Fairfax County, 2010-2011 – 2013-2014 School Years.



Source: Fairfax County Youth Survey

Costs Associated with Prescription Drug and Heroin Abuse

At the present time, there is no accurate estimate in Virginia or Fairfax County for costs associated with prescription and heroin abuse. However, national economic costs can be examined, which indicate that opioid abuse is a tremendous strain on our health care system. It is estimated that opioid abuse costs insurers $72.5 billion dollars nationally every year.[7] One study estimated that people who abuse opioids generate over 8.7 times the annual direct health care costs compared with people who do not abuse these drugs.[8] (Costs for treatment of uninsured overdose victims in the ER are not included in these estimates.)

Other cost impacts include an increase in arrests/transport and incarceration, court costs, supervised probation, child foster care and treatment provided to addicted inmates (estimated by the city of Winchester to be over $80/day for 90 days for each inmate). These costs should be considered in the context of resource allocation decisions regarding the eventual strategic action plan for prevention.

Fairfax County Framework for Reducing Prescription Drug and Heroin Abuse

On October 14, 2014, the Fairfax County Police Department convened a group of approximately 50 stakeholders from a variety of organizations and sectors to discuss a comprehensive approach to developing effective strategies for addressing the epidemic of prescription drug and heroin abuse with a goal of preventing heroin use and deaths. In the weeks since, smaller subcommittees have formed to develop specific strategies under five key areas: education and awareness, treatment, storage and disposal, enforcement, and data and monitoring. As teams continue to meet, they will develop a more refined strategic plan. However, the consensus of those involved to date is that the outcomes and goals listed here represent an appropriate comprehensive framework for addressing the issue.

The heroin and prescription opioid problem is national; as such, there are concurrent efforts underway at the federal and state levels. As this plan evolves, coordination with federal initiatives and the work of the Virginia Governor's Task Force on Prescription Drug and Heroin Abuse will be necessary to avoid duplication and ensure complementary approaches; the five focus areas listed above replicate those of the Task Force. Many of the strategies below mirror, or are localized versions of, strategies outlined in the National Drug Control Strategy published by the federal Office of National Drug Control Policy.[9] In addition, the groups will examine other community best practices to leverage other successful strategies, such as the Community Anti-Drug Coalitions of America strategies for success framework contained in Appendix D.

A recent report from the World Health Organization and the United Nations Office on Drugs and Crime, "Opioid Overdose: Preventing and Reducing Opioid Overdose Mortality," identified four key risk factors for opioid overdose:

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[7] Coalition Against Insurance Fraud. Prescription for peril: how insurance fraud finances theft and abuse of addictive prescription drugs. Washington, DC: Coalition Against Insurance Fraud; 2007.

[8] White AG, Birnbaum, HG, Mareva MN, et al. Direct costs of opioid abuse in an insured population in the United States. J Manag Care Pharm 2005;11(6):469-479.

[9] http://www.whitehouse.gov/sites/default/files/ondcp/issues-content/action_items_response_to_the_prescription_drug_epidemic.pdf, http://www.whitehouse.gov/ondcp/prescription-drug-abuse, and http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/ndcs_2014.pdf

1. Opioid availability, both illicit (i.e., heroin) and prescribed;
2. The combination of opioids and other psychoactive substances, especially alcohol;
3. A lack of accessible and effective treatment; and
4. Reduced tolerance due to a recent period of abstinence.[10]

Strategies to address these risk factors must be comprehensive in nature. For example, availability can be addressed at a local level through law enforcement and strengthening the use of the Prescription Monitoring Program; education and awareness can be targeted to segmented audiences (parents, educators, youth, health practitioners and physicians) using multiple media and leveraging a multitude of existing best practice examples from other communities; and efforts to safely distribute, monitor, store, and dispose of prescription drugs can be expanded through collaborations with pharmacies and health providers. Education and treatment efforts must address the use of opioids not in isolation, but in combination with other depressant and anti-anxiety drugs so that individuals are aware of the dangers of combined use and so that treatment addresses problems holistically. Accessibility of treatment is not just about having more treatment options, but also making it easier for people to find, get to, and afford treatment. And because of additional dangers following a period of abstinence, follow-up after treatment or detox is critical; systemic approaches to recovery, including peer support can help individuals in recovery maintain their abstinence. Finally, legislative initiatives can be assessed for consideration by the Board (for inclusion in the County's Legislative Package), including incentives to encourage reporting of overdoses by ERs to law enforcement, a limited immunity Good Samaritan law for those involved in an overdose event, and expanded use of the overdose response drug Naloxone pilot program in Virginia to include Fairfax County law enforcement personnel.

These approaches are included in the framework presented here.

[10] http://www.unodc.org/docs/treatment/overdose.pdf

Strategic Area: Education and Awareness

Objective: Increase public awareness of the dangers of misuse and abuse of prescription drugs and heroin and their connection to each other.

Potential Strategies:

- Develop a website that includes information on the issue, prevention resources, and guidance on accessing treatment and other services.
- Conduct seminars and other public events to educate youth, parents, and others in the community, schools, and other settings. Maintain a speakers bureau to help direct and manage requests.
- Develop and/or adapt messaging materials for wide dissemination via print, web, social media, and other media.
- Review the Fairfax County Public Schools curriculum to ensure it covers topics relevant to the current issues.
- Develop messaging tools (e.g., op-eds, newsletter articles) for elected officials.

Current Efforts in Fairfax County:

- The Fairfax-Falls Church Community Services Board's (CSB) Heroin/Opiates web page lists information and resources.
- The Unified Prevention Coalition of Fairfax County (UPC) Parents Reaching Out To Educate Communities Together (PROTECT) program is a presentation at which parents discover the signs and symptoms of teenage drug abuse, what actions they can take, and where to find supportive resources. PROTECT includes personal stories of parents, young adults, and professionals about the dangers of drugs.
- Fairfax County Public Schools (FCPS), the CSB, and the Fairfax County Police Department (PD) all routinely deliver presentations in the community on drug abuse prevention in general and on heroin and prescription drugs specifically.
- The PD implements media outreach and social media messaging on heroin and prescription drug abuse.
- FCPS health curriculum includes developmentally appropriate material on drug prevention.
- The CSB implements Too Good for Drugs and other substance abuse prevention programs in schools and community-based settings throughout the county.
- The Department of Neighborhood and Community Services (NCS) implements Project Toward No Drug Use, an evidence-based drug prevention program for high school students, in a variety of community-based settings and FCPS and private schools throughout the county.

State, Federal, and Other Efforts:

- Other jurisdictions and organizations (e.g., the Winchester/Valley Addiction Action Committee, New York State) have developed similar materials, to be reviewed for possible adaptation/use.
- The Governor's Task Force is expected to develop materials as well. These efforts will be monitored to avoid duplication.

Potential Additional Resources Needed:

- Funding may be needed for material translation (one-time funding), design, and production.
- The development and maintenance of a web site may require funding and, if hosted by the County, content and design policy exceptions.

<table>
<tr><th colspan="2">Strategic Area: Prescription Drug Storage, Disposal, and Monitoring</th></tr>
<tr><td>Objective: Increase safe disposal of unused prescription drugs.

Potential Strategies:
Expand drug take-back opportunities in the community.
Educate the public about how to safely dispose of unused prescription drugs.</td><td>Current Efforts in Fairfax County:
Fairfax County and UPC host semi-annual prescription drug take-back weeks (i.e., Operation Medicine Cabinet Cleanout). In 2014, over 20,000 pounds of drugs were collected and safely disposed of. Information on self-disposal is also provided.
UPC and Fairfax County are working with local pharmacies to enhance consumer education and awareness on safe drug disposal.
The CSB and the Fairfax County Health Department each have websites featuring information on safe drug storage and disposal.</td></tr>
<tr><td>Objective: Promote best practices in prescribing opioids.

Potential Strategies:
Educate prescribers on guidelines on prescribing opioids and other painkillers.</td><td>Current Efforts in Fairfax County:
The Virginia Department of Health has hosted seminars in the past for local physicians/prescribers.</td></tr>
<tr><td>Objective: Monitor the prescription use of opioids.

Potential Strategies:
Provide guidance to parents on signs of abuse and how to monitor.
Educate the public on how to safely and securely store drugs.
Train coaches, physical therapists, and athletic trainers to monitor athletes who have been prescribed painkillers.</td><td>Current Efforts in Fairfax County:
UPC sells lockboxes developed to securely store prescription drugs. (Part of the proceeds supports UPC’s programming.) The UPC also implements parent education programs and distributes fact cards on the safe storage and disposal of drugs.
The CSB and the Fairfax County Health Department each have websites featuring information on safe drug storage and disposal.</td></tr>
<tr><td colspan="2">State, Federal, and Other Efforts:
The Virginia Office of the Attorney General has information and tip sheets on safe drug storage and disposal.
The Virginia Department of Health Professions maintains the Prescription Monitoring Program (PMP), which collects prescription data for Schedule II-IV drugs into a central database which can then be used by limited authorized users to assist in deterring the illegitimate use of prescription drugs. The PMP is interoperable with the systems of most other states through the PMP InterConnect program.
Many states, including Virginia, have guidelines and/or laws about prescribing opioids. The CDC highlights the common elements of such programs in its “Common Elements in Guidelines for Prescribing Opioids for Chronic Pain.”</td></tr>
</table>

Potential Additional Resources Needed:

- An expanded drug take-back program will require funding for police overtime and disposal fees.
- Any required adoption of more stringent opioid prescribing guidelines or enhancements to the PMP will occur at the state or federal level and will likely require legislative action.
- Resources for practitioner training will likely be necessary for many of these strategies.

<table>
<tr><th colspan="2">Strategic Area: Treatment</th></tr>
<tr><td>Objective: Facilitate access to opioid addiction treatment.

Potential Strategies:
Partner with emergency departments, detox facilities, and other providers to recommend treatment services, counseling, and information on adherence to standards of treatment for addiction.
Provide police and other first responders with easily accessible means of referring individuals to treatment.
Provide service directories and basic navigation supports on an easily accessible website.</td><td>Current Efforts in Fairfax County:
The CSB and private providers throughout the county provide a variety of treatment and detox services. The CSB presently prioritizes access to services for individuals who are IV drug users and opioid prescription abusers.</td></tr>
<tr><td>Objective: Incorporate training on the County's availability and use of Naloxone by first responders to treat individuals who have overdosed on opioids.

Potential Strategies:
Train first responders, health care providers, and others on the use of Naloxone by Fairfax County.</td><td>Current Efforts in Fairfax County:
Fairfax County Fire and Rescue Department (EMS) first responders have Naloxone and are trained to use it. Because EMS and Police response times are roughly equivalent in Fairfax County, Naloxone is generally available for use by first responders.</td></tr>
<tr><td>Objective: Expand opportunities for peer support components in treatment and recovery programs.

Potential Strategies:
Incentivize integration of peer support into recovery and treatment when feasible.
Recruit and train participants to provide peer support.</td><td>Current Efforts in Fairfax County:
The CSB and private providers and organizations throughout the county offer multiple peer support and other recovery programs.</td></tr>
<tr><td colspan="2">State, Federal, and Other Efforts:
"A Healthy Virginia," the state's action plan for improved health, includes the work of the Governor's Task Force as well as multiple goals on expanding access to treatment services.
In Prince William County, all police officers keep information to make referrals to treatment to heroin and prescription drug abusers. Fairfax County has already borrowed from the model.</td></tr>
<tr><td colspan="2">Potential Additional Resources Needed:
Resources for training will likely be necessary for many of these strategies.</td></tr>
</table>

<table>
<tr><th colspan="2">Strategic Area: Enforcement</th></tr>
<tr><td>Objective: Prioritize access to treatment over prosecution in law enforcement of opioid use and overdose.

Potential Strategies:
Explore strategies, such as drug courts, diversion, and referrals, to promote the diversion and treatment over incarceration for offenders of possession laws.
Explore the benefits of supporting a legislative change to include a Virginia limited immunity Good Samaritan law.
Provide police and other first responders with easily accessible means of referring individuals to treatment.
Review Police Department guidelines and/or policy for how to handle opioid use and overdose.</td><td>Current Efforts in Fairfax County:
The PD has launched a new hotline for citizens to provide tips related to heroin or prescription drug crime: 1-844-373-3634.
In June 2014, the PD issues a Standard Operating Procedure on how to handle overdose cases.</td></tr>
<tr><td>Objective: Increase prosecution of illegal heroin and opioid distributors/dealers.

Potential Strategies:
Expand use of a regional grand jury process to expedite indictments of suspected dealers.</td><td>Current Efforts in Fairfax County:
A regional grand jury has already been held, providing the PD with subpoena power to bring in suspected dealers identified by users.</td></tr>
<tr><td colspan="2">Potential Additional Resources Needed:
Legislative changes will be necessary for some of the strategies.
Court and Commonwealth’s Attorney approvals may be necessary for increased use of grand juries.</td></tr>
</table>

<table>
<tr><th colspan="2">Strategic Area: Data and Monitoring</th></tr>
<tr><td>Objective: Monitor local trends in prescription drug and heroin use to identify needs and monitor progress.

Potential Strategies:
Identify key indicators and align data sets and measures where possible.
Develop a “Prescription Drug and Heroin Abuse Report Card” that highlights key data points on a continual basis.</td><td>Current Efforts in Fairfax County:
Existing measures are highlighted in the data section of this report. Others, not selected for this report, exist as well.</td></tr>
</table>

Objective: Evaluate the strategies included in the final strategic plan. **Potential Strategies:** • Develop a logic model highlighting the key outputs and outcomes for the various strategies, and evaluation plans for each.	**Current Efforts in Fairfax County:** • Not applicable at this time.
State, Federal, and Other Efforts: • Measures should align with those of the Healthy Virginia Plan and the Governor's Task Force.	

Next Steps

The following are the next steps in the development of a final strategic plan:

1. Identify and engage stakeholders in the development of a strategic action plan.
2. Continue to convene stakeholders in a committee format to select strategies and develop an action plan that reflects community feedback and includes leads for each strategy and how they will coordinate across strategies.
3. Coordinate the planning effort with that of the Governor's Task Force to reduce duplicative efforts and take advantage of available resources.
4. Explore opportunities for alternative funding strategies.
5. When feasible, begin implementation of strategies that do not require additional resources or approvals.

Recommendations to the Board of Supervisors

Staff recommends the following to the Board of Supervisors:

1. Direct staff to present the plan, with funding and policy requirements, to the Board at an upcoming Human Services Committee meeting.
2. Ensure opportunities exist to include strategies in the next year's legislative program.
3. Direct staff to develop strategies for an expanded drug take-back program, to include funding and resource requirements.

The finalized strategic action plan will include additional, detailed recommendations to the Board related to funding and policy decisions necessary to fully implement the plan.

Appendix A: Board Matter

Supervisor Pat Herrity jointly with Supervisor Hyland
Board Matter
September 23, 2014
Heroin Use in Fairfax County

Background: Madame Chairman, the rise in heroin associated deaths over the last few years is no secret, and has gained the attention of the media and many of our political leaders. Congressman Frank Wolf has been holding town hall meetings across his district to raise awareness, meeting with the Northwest Virginia Regional Drug Task Force Command Board who have described the problem as an "epidemic" and a "crisis," and has also been urging the Governor to set up a state-wide task force to tackle the problem. You also may have seen two weeks ago that Attorney General Mark Herring also announced a plan at a meeting with the Virginia Association with Chiefs of Police to try to curb this terrible scourge. The problem is real and we need to ensure that we are prepared to address it in Fairfax County.

Heroin use, and subsequently heroin overdoses are on the rise in Virginia. Overdoses doubled in Virginia between 2011 and 2013, and according to the Washington Post the problem is worse in Northern Virginia where overdoses saw a 163% rise in the same time period. These numbers may even be artificially low because currently hospitals are not required to report overdoses to the police. This is a problem we cannot afford to ignore.

Heroin is here, it is on our doorstep, it is in our communities, and it often goes unnoticed. Prescription pills, especially Oxycontin and pain medications, have been seen as the gateway, and when users can no longer get a hold of or afford to get a hold of those pills they turn to the cheaper, easily findable, and deadlier heroin. This problem ranges through all demographics, it doesn't have "a face," and for that reason often goes unnoticed until it is too late. Only two weeks ago Fairfax County lost yet another youth to this terrible drug in the Mount Vernon area who was a good student, a soccer, golf, and hockey player, someone that went on to UVA and excelled, someone you wouldn't ever associate as a drug user at face value.

I have attached several relevant news articles about this problem for your perusal.

Motion: Therefore, Madam Chairman, I ask that we direct the County Executive to prepare a report for the Board documenting the extent of the problem and impacts on Fairfax County, what steps we are as well as should be taking to address the problem, and I ask that the subject of heroin be added to the agenda for discussion at the next public safety committee meeting.

Note: The motion was approved with an amendment to direct staff to review the Fairfax County Youth Survey; specifically its questions regarding combatting substance abuse, and whether they are specific to the type of substance being used.

Appendix B: Rates of Drug Overdose Visits to Emergency Departments by Virginia Locality

Rates of Unintentional Drug Overdose Visits to Emergency Departments by Locality,
Rate per 100,000 Population, 2012-2014

Locality	FIPS Code	2012 Rate	2013 Rate	2014 Rate*
Accomack County, Virginia	51001	96	42	36
Albemarle County, Virginia	51003	183	121	83
Alleghany County, Virginia	51005	209	272	210
Amelia County, Virginia	51007	71	86	110
Amherst County, Virginia	51009	86	37	37
Appomattox County, Virginia	51011	13	39	13
Arlington County, Virginia	51013	68	63	51
Augusta County, Virginia	51015	436	77	35
Bath County, Virginia	51017	64	22	43
Bedford County, Virginia	51019	135	166	117
Bland County, Virginia	51021	0	15	0
Botetourt County, Virginia	51023	57	67	48
Brunswick County, Virginia	51025	6	6	47
Buchanan County, Virginia	51027	0	136	153
Buckingham County, Virginia	51029	129	93	117
Campbell County, Virginia	51031	58	49	65
Caroline County, Virginia	51033	86	96	82
Carroll County, Virginia	51035	7	3	0
Charles City County, Virginia	51036	84	14	84
Charlotte County, Virginia	51037	56	24	33
Chesterfield County, Virginia	51041	103	94	93
Clarke County, Virginia	51043	14	42	14
Craig County, Virginia	51045	192	192	115
Culpeper County, Virginia	51047	186	144	198
Cumberland County, Virginia	51049	183	234	203
Dickenson County, Virginia	51051	0	181	232
Dinwiddie County, Virginia	51053	0	22	14
Essex County, Virginia	51057	71	107	142
Fairfax County, Virginia	51059	84	76	80**
Fauquier County, Virginia	51061	119	149	131
Floyd County, Virginia	51063	84	77	26
Fluvanna County, Virginia	51065	127	123	31

*Data represents ED visits from January 1, 2014 through June 30, 2014. A 2014 annualized rate was calculated using 2013 U.S. Census population estimates.

**Data represents ED visits from January 1, 2014 through September 30, 2014. A 2014 annualized rate was calculated using 2013 U.S. Census population estimates.

Source: VDH Enhanced Surveillance Data
Reported Generated: July 18, 2014

VDH VIRGINIA DEPARTMENT OF HEALTH

Rates of Unintentional Drug Overdose Visits to Emergency Departments by Locality, Rate per 100,000 Population, 2012-2014, cont.

Locality	FIPS Code	2012 Rate	2013 Rate	2014 Rate*
Franklin County, Virginia	51067	119	89	75
Frederick County, Virginia	51069	2	2	10
Giles County, Virginia	51071	148	112	95
Gloucester County, Virginia	51073	136	130	168
Goochland County, Virginia	51075	150	250	157
Grayson County, Virginia	51077	0	13	40
Greene County, Virginia	51079	128	191	74
Greensville County, Virginia	51081	8	17	0
Halifax County, Virginia	51083	8	11	6
Hanover County, Virginia	51085	123	106	107
Henrico County, Virginia	51087	114	121	109
Henry County, Virginia	51089	17	13	8
Highland County, Virginia	51091	45	0	0
Isle of Wight County, Virginia	51093	65	53	45
James City County, Virginia	51095	54	38	71
King and Queen County, Virginia	51097	85	28	112
King George County, Virginia	51099	122	120	177
King William County, Virginia	51101	125	93	87
Lancaster County, Virginia	51103	18	0	18
Lee County, Virginia	51105	0	0	40
Loudoun County, Virginia	51107	84	86	88
Louisa County, Virginia	51109	150	130	171
Lunenburg County, Virginia	51111	32	88	128
Madison County, Virginia	51113	114	61	15
Mathews County, Virginia	51115	101	180	135
Mecklenburg County, Virginia	51117	6	29	76
Middlesex County, Virginia	51119	46	102	149
Montgomery County, Virginia	51121	90	76	75
Nelson County, Virginia	51125	81	68	54
New Kent County, Virginia	51127	21	56	41
Northampton County, Virginia	51131	106	107	99
Northumberland County, Virginia	51133	40	8	0
Nottoway County, Virginia	51135	95	82	152
Orange County, Virginia	51137	169	193	161
Page County, Virginia	51139	63	50	50
Patrick County, Virginia	51141	0	0	33

*Data represents ED visits from January 1, 2014 through June 30, 2014 by zip code of patient residence. A 2014 annualized rate was calculated using 2013 U.S. Census population estimates.

VDH VIRGINIA DEPARTMENT OF HEALTH

Source: VDH Enhanced Surveillance Data
Report Generated: July 18, 2014

Rates of Unintentional Drug Overdose Visits to Emergency Departments by Locality, Rate per 100,000 Population, 2012-2014, cont.

Locality	FIPS Code	2012 Rate	2013 Rate	2014 Rate*
Pittsylvania County, Virginia	51143	72	53	45
Powhatan County, Virginia	51145	89	92	50
Prince Edward County, Virginia	51147	22	31	0
Prince George County, Virginia	51149	173	132	193
Prince William County, Virginia	51153	55	42	58
Pulaski County, Virginia	51155	236	232	220
Rappahannock County, Virginia	51157	134	187	187
Richmond County, Virginia	51159	44	67	45
Roanoke County, Virginia	51161	175	146	156
Rockbridge County, Virginia	51163	165	117	81
Rockingham County, Virginia	51165	233	181	141
Russell County, Virginia	51167	7	142	177
Scott County, Virginia	51169	0	0	9
Shenandoah County, Virginia	51171	21	28	33
Smyth County, Virginia	51173	0	199	221
Southampton County, Virginia	51175	16	22	22
Spotsylvania County, Virginia	51177	87	104	85
Stafford County, Virginia	51179	106	92	121
Surry County, Virginia	51181	88	59	118
Sussex County, Virginia	51183	25	8	34
Tazewell County, Virginia	51185	52	50	63
Warren County, Virginia	51187	16	8	0
Washington County, Virginia	51191	0	71	127
Westmoreland County, Virginia	51193	91	85	45
Wise County, Virginia	51195	0	118	182
Wythe County, Virginia	51197	7	14	34
York County, Virginia	51199	53	56	81
Alexandria city, Virginia	51510	62	54	95
Bedford City, Virginia	51515	0	0	0
Bristol city, Virginia	51520	0	17	46
Buena Vista city, Virginia	51530	0	0	0
Charlottesville city, Virginia	51540	7	0	0
Chesapeake city, Virginia	51550	102	80	92
Colonial Heights city, Virginia	51570	0	0	0
Covington city, Virginia	51580	0	0	0
Danville city, Virginia	51590	226	226	177

*Data represents ED visits from January 1, 2014 through June 30, 2014 by zip code of patient residence. A 2014 annualized rate was calculated using 2013 U.S. Census population estimates.

VDH VIRGINIA DEPARTMENT OF HEALTH

Source: VDH Enhanced Surveillance Data
Report Generated: July 18, 2014

Rates of Unintentional Drug Overdose Visits to Emergency Departments by Locality, Rate per 100,000 Population, 2012-2014, cont.

Locality	FIPS Code	2012 Rate	2013 Rate	2014 Rate*
Emporia city, Virginia	51595	0	0	0
Fairfax city, Virginia	51600	0	0	0
Falls Church city, Virginia	51610	129	118	118
Franklin city, Virginia	51620	0	0	0
Fredericksburg city, Virginia	51630	176	164	164
Galax city, Virginia	51640	0	0	0
Hampton city, Virginia	51650	46	65	63
Harrisonburg city, Virginia	51660	8	18	4
Hopewell city, Virginia	51670	0	0	0
Lexington city, Virginia	51678	0	0	0
Lynchburg city, Virginia	51680	69	74	87
Manassas city, Virginia	51683	116	70	82
Manassas Park city, Virginia	51685	0	0	0
Martinsville city, Virginia	51690	0	0	0
Newport News city, Virginia	51700	110	106	132
Norfolk city, Virginia	51710	101	73	73
Norton city, Virginia	51720	0	0	0
Petersburg city, Virginia	51730	0	0	0
Poquoson city, Virginia	51735	124	91	182
Portsmouth city, Virginia	51740	136	84	102
Radford city, Virginia	51750	12	0	12
Richmond city, Virginia	51760	103	92	88
Roanoke city, Virginia	51770	173	165	136
Salem city, Virginia	51775	0	0	0
Staunton city, Virginia	51790	17	4	0
Suffolk city, Virginia	51800	35	40	44
Virginia Beach city, Virginia	51810	46	43	40
Waynesboro city, Virginia	51820	0	0	0
Williamsburg city, Virginia	51830	13	0	0
Winchester city, Virginia	51840	7	7	7
State of Virginia		87	78	81

*Data represents ED visits from January 1, 2014 through June 30, 2014 by zip code of patient residence. A 2014 annualized rate was calculated using 2013 U.S. Census population estimates.

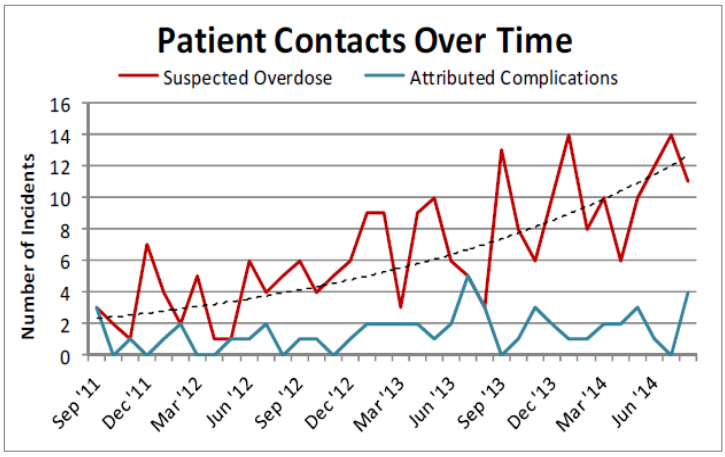
VDH VIRGINIA DEPARTMENT OF HEALTH

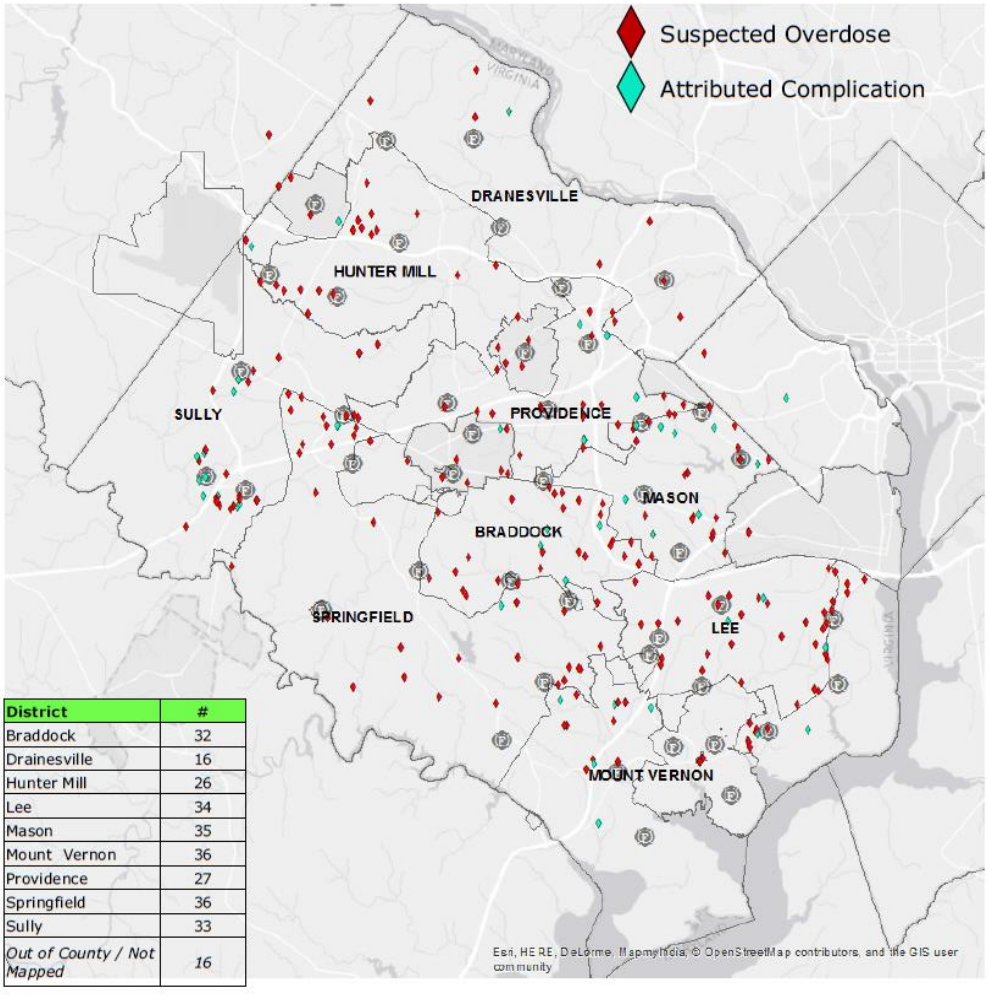
Source: VDH Enhanced Surveillance Data
Report Generated: July 18, 2014

Appendix C. Patients Treated by EMS for Suspected Heroin Overdose or Attributed Complications, Fairfax County, 2011-2014.

Patient Gender	#	%
Male	193	66.3%
Female	94	32.3%
Unknown	*4*	*1.4%*

Patient Age	#	%
< 20	28	9.6%
21-30	156	53.6%
31-40	41	14.1%
41-50	32	11.0%
51-60	24	8.2%
> 60	6	2.1%
Unknown	*4*	*1.4%*





District	#
Braddock	32
Drainesville	16
Hunter Mill	26
Lee	34
Mason	35
Mount Vernon	36
Providence	27
Springfield	36
Sully	33
Out of County / Not Mapped	*16*

Patient contacts for suspected overdose and attributed complication are mapped above. Ten (10) incidents did not occur in Fairfax County supervisory jurisdictions and six (6) incidents did not have x,y coordinate data for mapping. Total patient contacts by district are shown in the table.

Source: Fairfax County Fire and Rescue Department, Emergency Medical Services

Appendix D: Community Anti-Drug Coalitions of America's Seven Strategies for Community Change

1. **Providing Information** – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, community meetings, forums, web-based and social media communication).

2. **Enhancing Skills** – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).

3. **Providing Support** – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).

4. **Enhancing Access/Reducing Barriers** - Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).

5. **Changing Consequences (Incentives/Disincentives)** – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).

6. **Physical Design** – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).

7. **Modifying/Changing Policies** – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

http://www.cadca.org/resources/detail/definint-seven-strategies-community-change

Appendix E: Resources

US Substance Abuse and Mental Health Services Administration – http://www.samhsa.gov

- Prescription Drug Misuse and Abuse – http://www.samhsa.gov/prescription-drug-misuse-abuse
- Opioids – http://www.samhsa.gov/atod/opioids

US Centers for Disease Control and Prevention – http://www.cdc.gov

- "Common Elements in Guidelines for Prescribing Opioids for Chronic Pain" – http://www.cdc.gov/HomeandRecreationalSafety/overdose/guidelines.html
- Prescription Drug Overdose – http://www.cdc.gov/homeandrecreationalsafety/overdose/index.html

Virginia Governor's Task Force on Prescription Drug and Heroin Abuse – https://governor.virginia.gov/media/3342/eo-29-establishing-the-governors-task-force-on-prescription-drug-and-heroin-abuse.pdf

Virginia Office of the Attorney General: Prescription Drug Take-Back Program – http://www.oag.state.va.us/index.php/programs-initiatives/drug-take-back-program

Virginia Prescription Monitoring Program – https://www.dhp.virginia.gov/dhp_programs/pmp/default.asp

"A Healthy Virginia: Health Care Report" – https://governor.virginia.gov/media/3096/a-healthy-virginia-report-final.pdf

Unified Prevention Coalition of Fairfax County – http://www.unifiedpreventioncoalition.org/

- PROTECT Program – http://www.unifiedpreventioncoalition.org/for-parents/marijuanaother-drugs/55-national-drug-iq-challenge.html
- Lockbox Sales – http://www.rxarmory.com/unified-prevention-coalition-of-fairfax-county/

Fairfax-Falls Church Community Services Board (CSB) – http://www.fairfaxcounty.gov/csb

- Heroin/Opiates – http://www.fairfaxcounty.gov/csb/heroin-opiates/
- Health Promotion and Wellness – http://www.fairfaxcounty.gov/csb/services/wellness-health-promotion.htm
- Drug Storage and Disposal – http://www.fairfaxcounty.gov/csb/wellness/safe-handling-medications.htm
- Treatment Services – http://www.fairfaxcounty.gov/csb/services/
- Recovery and Wellness – http://www.fairfaxcounty.gov/csb/wellness/

Fairfax County Comprehensive Services Act – http://www.fairfaxcounty.gov/csa/

Fairfax County Neighborhood and Community Services – http://www.fairfaxcounty.gov/ncs/

- Prevention System – http://www.fairfaxcounty.gov/ncs/prevention/
- Towards No Drug Abuse – http://www.fairfaxcounty.gov/ncs/prevention/take_charge_programs.htm

Fairfax County Health Department – http://www.fairfaxcounty.gov/hd

- Medication Disposal – http://www.fairfaxcounty.gov/hd/dontflush/

Fairfax County Public Schools Student Safety and Wellness Office – http://www.fcps.edu/dss/ips/ssaw/index.shtml

Appendix F: Contacts

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